DEPARTMENT OF ENERGY
APPLICATION FOR ACCREDITATION IN WHOLE BODY PERSONNEL DOSIMETRY

1. DOE Site: _____

2. DOE Field Office: _____

3. Other DOE sites using your personnel dosimetry services:

_____

_____

4. Vendor identification, if outside vendor used:

_____

_____

5. Name of authorized representative of management for DOELAP accreditation

Name _____

Title _____

Department _____

Contractor _____

6. Name of authorized point of contact for DOELAP accreditation

Name _____

Contractor _____

Mailing Address _____
Street or P.O. Box City State Zip Code

Shipping Address _____
Street or P.O. Box City State Zip Code

Telephone: _____ FAX: _____

Internet (email) address: _____

7. List all dosimeters by name and model number, for which accreditation is sought and place an 'X' under each dosimeter listed, opposite the appropriate category (see DOE/EH-0027 for a detailed explanation of each category):

Category	Dosimeter Designation 1	2	3
I. Low Energy Photon[1] (High Dose)			
II. High Energy Photon[2] (High Dose)			
IIIA. Low-Energy Photon			
IIIB. Low-Energy Photon (Pu)			
IV. High-Energy Photon			
VA. General Beta			
VB. Slab Beta (Uranium)			
VC. Special Beta[3] (^{204}Tl) more nearly approximates the beta spectra of your facility.			
VI. Neutron[4]			

Note: If a dosimeter is entered in two or more single categories (III-VI), it is automatically entered into all of the appropriate mixture categories (VII). A combination dosimeter with physically separate parts should be listed as one dosimeter. A separate neutron dosimeter should be considered part of a general beta-gamma-neutron dosimeter and submitted together with the beta-gamma dosimeter to the netron/photon mixture categories. The Performance Evaluation Program Administrator will inform you of the required number of dosimeters to be submitted for each of the three irradiation periods.

[1]Automatically entered if entered in Category IIIA or IIIB.

[2]Automatically entered if entered in Category IV.

[3]Please specify whether a high energy beta source (^{90}Sr/^{90}Y) or a low energy beta source

[4]Please specify one or both of the neutron sources. Use only the source(s) that more closely represents the energy spectra found in the occupational environments covered by your service. If the energy spectra vary significantly, both sources may be necessary.

8. For each dosimeter listed in the preceding table, submit a description (diagrams and drawings are helpful, but do not include proprietary information) of the design specifications including:

- Type of material
- Type of dosimeter holder (include drawing)
- Dosimeter placement in holder (include drawing)
- Type and arrangement of absorbers

9. For each dosimetry system listed in the preceding table, attach a short statement justifying why accreditation is ***NOT*** sought in any of the listed categories.

10. For each dosimeter, state whether it is processed in-house, in a commercial laboratory or in another government facility.

11. Briefly describe in-house dosimeter processing including (where descriptions of procedures are required, summarize the flow of the procedures and include a table of contents from the procedures manual, DO NOT provide individual procedures):

- Readout apparatus
- Procedures for acceptance testing, handling and distributing, storing, preparing and analyzing dosimeters
- Procedures for interpreting dosimeter results including algorithms, use of specific calibration factors and indicators of anomalous readings or doses
- Procedures for correcting anomalous doses
- Indicate whether processing is manual or automatic.

12. For each dosimetry system listed in the preceding table, submit performance results for the following studies:

- Angular Dependence (see section 3.3 of DOE/EH-0027)
- Lower Limit of Detectability (see section 3.4 of DOE/EH-0027)

13. If field calibrations of dosimeters are used to dtermine occupational exposures, the dosimeter calibration documentation for each field type should be included with this application.

14. Briefly describe the system used to generate and archive dose records including:

- Records maintenance system (computer hardware and software)
- Hardware and Software Configuration Management Steward
- Items included on the recorded dose report
- Dose report authorizations

I hereby authorize this application and attest that all statements made are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Authorized Management Representative

Printed Name _____

Signature _____

Title _____ Date: _____

By authorizing this application you affirm that you are aware that if accreditation is granted to your organization, the accreditation applies to dosimetry processing services using the specific dosimeter models/types in the categories requested and using the processing techniques that were used to demonstrate satisfactory performance in accordance with the testing standard. You will be expected to use the same dosimeter(s) and technique(s) in the normal processing activities you perform.

If any changes are made or deviations occur in these dosimeters or techniques, it will be the responsibility of your organization to provide evidence that such changes lead to results that are technically equivalent to the accredited processing activities. Determination of technical will be made by the DOELAP Performance Evaluation Program Administrator with assistance from the DOELAP Oversight Board.

If the changes or deviations to the dosimeters or processing techniques are not considered to provide results that are technically equivalent, the new dosimeters or techniques will not be covered by the accreditation until they have been fully evaluated and their performance demonstrated to be in accordance with the requirements of the DOE Laboratory Accreditation Program.

DOE Field Office Review

In authorizing this application you declare that you commit the applicant contractor to:

- Be examined and audited, initially and on a continuing basis during the accreditation period
- Permit the DOELAP site assessors to review and examine records or other documents required by the DOELAP Technical Guide

- Maintain compliance with applicable criteria in the DOELAP Technical Guide
- Participate in proficiency testing programs required for maintaining accreditation.

Printed Name _____

Signature _____

Title _____ Date: _____